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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 25	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Andrew Oskan</i> Initials <i>ADK</i>				

ADDRESS
 56949

TITLE

Novel mupeptide regimen for the treatment of autistic spectrum, behavioral, emotional and visceral inflammation/autoimmune disorders ✓ *ADK*

FILING FEE RECEIVED 1176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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